									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO								'	60 3636 6126				
CLAİMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		THAN	
TOTAL CLAIMS			45				ĺ	RATE	FEE	ˈ	RATE	FEE	ł
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI	EE 370.0	OR			1
TOTAL CHARGEABLE CLAIMS			45 minus 20=		• 25			X\$ 9=		OR	Y242	450	ĺ
IN	DEPENDENT C	5 minus 3 =		• ງ			X42=		OR	X84=	108	ł	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT	ESENT				+140=		7		190	
• H	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	+280=	12 cd	
	CLAIMS AS AMENDED - PART II								`	TOB	OTHER	OLE!	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIC PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE	
	Total	• 57	Minus	- 4	5	= 12/		X\$ 9=		OR	X\$18=	600	al
	Independent FIRST PRESE	NTATION OF M	Minus	DEMDENT	85 CLANA	73	ſ	X42=		OR	XX4=	600	1
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+140=		OR	+280=		-
6-2105 BEST AVAILABLE COPY (Column 1) (Column 2) (Column 3)							Ļ	TOTA			TOTAL		
6	-7102		-	(Colum	nn 2)	(Column 3)	_	DOIT. FE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	• 5.7	Minus	<u> S</u>	7	- /		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	NTATION OF ML	Minus		S CLAIM			X42=		OR	X84=		
						السبب احجاب		+140=		OR	+280=		•
	3906		·				A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
	9406	(Column 1)		(Colum		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		• 57	Minus	-51		- /	Γ	X\$ 9=		OR	X\$18=		
₹	Independent	NTATION OF MI	Minus	ENDENT	~	-	ľ	X42=		OR	X84=		
	If the entry in column 1 is less than the entry in column 2, write "o" in column 3. If the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "20."							+140=			+280=		
— п								YOTAL		OR L	TOTAL		
	the "Highest Nur	mber Previously Pa ber Previously Paid	ld For IN THE	S SPACE IN	less than	3 enter "3"		DIT. FEE d in the an	orogriate ha		DOIT. FEE L imp. 1		
	PTO-675 (Ray, 8/0			-	·				and Affen II				

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